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# Registered Nurse Education Program

## Scholarship & Loan Repayment Application

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## ***Giving Golden Opportunities by:***

*Increasing the supply of  
health professionals practicing in  
underserved areas*

*Improving access to healthcare in  
rural and urban areas of California*

*Helping students to pursue a  
career in the health professions*

*Awarding health professionals who  
are dedicated to practicing in  
underserved communities*

# Application Instructions

## APPLICANTS MAY APPLY FOR ONLY ONE AWARD USING THIS APPLICATION

The Registered Nurse Education Program offers three types of awards: the **Associate Degree Nursing Scholarship**, the **Bachelor of Science Nursing Scholarship**, and the **Registered Nurse Loan Repayment Award**. The purpose of these awards is to increase the number of registered nurses (RN) practicing in medically underserved areas of California.

Applications for the Registered Nurse Education Program are accepted biannually. Monies awarded under this program are intended to pay or repay tuition, required fees, books, supplies, and educational equipment costs related to the applicants registered nurse education. All awards are subject to the availability of funding.

### Selection Criteria

Selection for Registered Nurse Education Program is based solely on information contained in the application and supporting documentation. Selection for awards is based on the following criteria:

**Work Experience** - nursing and non-nursing work experience in a medically underserved area (MUA).

**Financial Need** - actual or potential difficulty in completing education in the absence of an award.

**Career Goals** - professional goals for the next five to ten years.

**Community Service** - documented volunteer service and/or activities, particularly in a MUA.

**Community Background** - family structure and community where you grew up: for example, rural, inner city/urban, suburban, or MUA.

**Academic Performance** — prior and current academic performance; potential for future academic success.

#### Priority will be given to:

Individuals whose community background and commitment indicates the likelihood of long-term employment in a medically underserved area even after the service obligation has ended.

Awards are made on a competitive basis. Each part of the application must be completed. All supporting documentation must be submitted. Only complete applications will be evaluated. Prior to the postmark deadline, the Foundation will not notify individuals if their application is incomplete.

## SCHOLARSHIPS

Students may receive up to **\$8,000** for the **Associate Degree Nursing Scholarship**, and up to **\$10,000** for the **Bachelor of Science Nursing Scholarship**. Scholarships are funded for one academic year, usually 2 semesters or 3 quarters.

### Scholarship Eligibility

Scholarships are available to students who are enrolled or accepted in a associate or baccalaureate degree nursing program. Awardees must sign a contract with the Office of Statewide Health Planning and Development and agree to the following terms:

**Graduation Requirements:** Your graduation date may impact the amount of funding you are eligible to receive. If you graduate in or before June 2004, you are not eligible to receive funding. If you graduate in December 2004, you may be eligible for half scholarship funding.

Be a **U.S. citizen or permanent resident** and a California resident.

**Complete a 2-year service obligation** to practice in a medically underserved area of California as a RN providing direct patient care.

Be a **full-time or part-time student** (no less than 6.0 units) in a California accredited school.

**Maintain a minimum cumulative GPA of 2.0** each year scholarship funds are sought.

#### ADN scholarship only:

Agree to obtain a BSN within 5 years of obtaining an ADN degree.

### Scholarship Application

Submit the following:

#### 1. One (1) official transcript related to your nursing education

If you are a student in your first year of the nursing program and your transcripts do not reflect your nursing education, submit your most current transcript.

The transcript must be marked official by the school and delivered to the Foundation in a sealed envelope. The Foundation will not accept unofficial transcripts, copies or print outs of transcripts, or transcripts in a broken envelope.

#### 2. Personal Statements

Attach your personal statements to the application. Your statements must be typed. Statements may be short or long. However, please limit all Personal Statements to not more than 6 pages. Restate and number each question along with your answer.

#### 3. Two letters of recommendation

Letters of recommendation must be current or dated within the last six months of the application deadline. The letters must be on letterhead or include the author's title, name of employer, mailing address, and phone number. It is recommended that at least one letter be from a faculty member. Letters of recommendation that confirm community service are also encouraged.

#### 4. Graduation Date Verification Form

This form must be signed by the nursing program director or a faculty member authorized to sign on the director's behalf. The Graduation Date Verification Form is enclosed as part of the scholarship application. Applicants can also download this form from the Foundation's Web site at [www.healthprofessions.ca.gov](http://www.healthprofessions.ca.gov).

#### 5. Student Aid Report (SAR)

Students must submit the final 2004-2005 SAR. The SAR must indicate the student's expected family contribution (EFC). The FAFSA is available from all college financial aid offices and is also available on the Internet at [www.ed.gov/offices/OPE/express.html](http://www.ed.gov/offices/OPE/express.html).

Or

#### 2003 Federal tax return with all W-2s.

Applicants who do not apply for financial aid must submit complete copies of their 2003 Federal tax return with all W-2s. Do not submit State tax returns. State tax returns will not be accepted in lieu of the Federal tax return.

## LOAN REPAYMENT AWARDS

The **Registered Nurse Loan Repayment Program** repays up to **\$10,000** in educational debt that was incurred while attending a baccalaureate degree nursing program. In return for the loan repayment award, the awardee must agree to practice as a RN in a medically underserved area for a minimum of 2 years.

Awardees may reapply for additional loan repayment awards at the completion of their 2-year service obligation. Awardees may reapply for awards up to a maximum of **\$20,000**.

### Loan Repayment Eligibility

Loan repayment awards are available to currently licensed RNs, who are currently practicing in a MUA\*. Awardees must sign a contract with the Office of Statewide Health Planning and Development and agree to the following terms:

**Be a U.S. citizen or permanent resident** and a California resident.

**Complete a 2-year service obligation** to practice in a medically underserved area of California as a RN providing direct patient care. While completing the service obligation, **work full-time or work a minimum of 32 hours per 5 day period** or work week.

**Be a currently licensed RN.**

\* If you have any questions about whether your facility qualifies as a MUA, please contact HPEF at (800) 773-1669

### Submit the following:

#### 1. One (1) official transcript with BSN degree posted

The transcript must be marked official by the school and submitted to the Foundation in a sealed envelope. If the school does not release official transcripts to the student, the transcript may be sent directly from the school to the Foundation. The Foundation will not accept unofficial transcripts, copies or print outs of transcripts, or transcripts in a broken envelope.

Your BSN degree must be posted on the transcript unless you are a student in the final year in a course of study leading to a BSN degree. If you are in the final year of the BSN program, submit the most current transcript(s) that illustrate your BSN education to date.

Applicants who will not graduate before the application deadline must submit all transcripts available to date and must graduate by June 2004.

#### 2. Personal Statements

Attach your personal statements to the application. Your statements must be typed. Statements may be short or long. However, please limit all Personal Statements to not more than 6 pages. Restate and number each question along with your answer.

#### 3. Two letters of recommendation

Letters must be current or dated within the last six months of the application deadline. The letters must be on letterhead or include the author's title, name of employer, mailing address, and phone number. It is recommended that at least one letter be from a faculty member. Letters of recommendation that confirm community service are also encouraged.

#### 4. Employment Verification Form

This form must be signed by an official in your personnel department. The Employment Verification Form is enclosed as part of the application. Applicants can also download this form from the Foundation's Web site at [www.healthprofessions.ca.gov](http://www.healthprofessions.ca.gov).

#### 5. 2003 Federal tax return with all W-2s

Do not submit State tax returns. State tax returns will not be accepted in lieu of the Federal tax return.

#### 6. Educational Debt Reporting Form

Submit the attached educational debt reporting form and copies of your most recent lender statements.

## INELIGIBILITY FOR REGISTERED NURSE EDUCATION AWARDS

Applicants who owe a conflicting service obligation to practice direct patient care to another entity entered into before filing an application with the Foundation are ineligible to receive a scholarship or loan repayment. Awardees who breach their contract with the Office of Statewide Health Planning and Development will not be allowed to reapply for additional awards.

## APPLICATION SUBMISSION

Applications must be postmarked by the deadline. In order to be eligible, each part of the application must be completed. All supporting documentation must be submitted. The Foundation will not notify applicants if their application is received incomplete. Applicants are urged to contact the Foundation prior to the final filing date to verify if their application was received complete. Do not bind or submit applications in a loose-leaf binder.

## NOTIFICATION OF AWARDS

The Foundation will notify applicants of their application results within eight weeks of the postmark deadline.

**Spring Application Postmark Deadline: March 24, 2004**

**Fall Application Postmark Dealine: September 8, 2004**

### Submit applications to:

**Health Professions Education Foundation  
818 K Street, Suite 210  
Sacramento, CA 95814  
(800) 773-1669 or (916) 324-6500**

If yes, please explain. \_\_\_\_\_

Please enter the loan repayment or scholarship amount you are requesting: \$



Recd:	Compl / Inc:	Omitted: App Pgs	GDV	EVF	SAR	TAX	LoR	Oth
App Inquiry: ( - - ) ( - - )		HPEF Contact: for:						
Input By:	MUA: Yes / No	CT#:						
Reviewed By:		Comments:						

# Application

Please refer to the application instructions before you begin.

Associate Degree Nursing Scholarship: \$8,000  
Bachelor of Science, Nursing Scholarship: \$10,000  
Registered Nurse Loan Repayment: \$10,000

## PART C – COMMUNITY BACKGROUND

For each age category below, list the city, county, and state you grew up in. Check all items that best describe your socioeconomic background.

Age Category Rural Inner City/Urban Suburban Poor Middle-class  
Birth-10 years ☐ ☐ ☐ ☐ ☐  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Age Category Rural Inner City/Urban Suburban Poor Middle-class  
10-20 years ☐ ☐ ☐ ☐ ☐  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Age Category Rural Inner City/Urban Suburban Poor Middle-class  
20-30 years ☐ ☐ ☐ ☐ ☐  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Age Category Rural Inner City/Urban Suburban Poor Middle-class  
30-40 years ☐ ☐ ☐ ☐ ☐  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Age Category Rural Inner City/Urban Suburban Poor Middle-class  
40 + years ☐ ☐ ☐ ☐ ☐  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

## PART D – PERSONAL STATEMENTS

Attach your personal statements to the application. Your statements must be typed. Restate and number each question along with your answer.

\*Loan repayment applicants must answer questions 1-5

\*BSN and ADN scholarship applicants must answer questions 1-6

1. What kind of work do you think you'll be doing in five years?
2. What is your vision of your professional future in ten years?
3. Describe any community service, volunteer activities, or club memberships within the past two years (Please attach any letters of recommendation you may have. Do not include experience for which you received academic credit).
4. Briefly describe your family background including: your father's and mother's occupation, annual income, marital status, and number of dependents including yourself?
5. Describe how your background is relevant to your interest in pursuing a nursing career. Do you see your background as an advantage, disadvantage or both?

**Scholarship applicants only:**

6. What kind of work would you like to do immediately after graduation?

## PART E – QUESTIONNAIRE

Where did you hear about the Registered Nurse Education Program?

(Check all that apply)

- ☐ School ☐ Work (employer or co-worker) ☐ Friend/Acquaintance ☐ TV  
☐ Foundation Web site ☐ Other Web site ☐ Advertisement ☐ Radio  
☐ Newspaper or publication (please specify) \_\_\_\_\_  
☐ Organization or Affiliation (please specify) \_\_\_\_\_  
☐ Other source (please specify) \_\_\_\_\_

Where did you receive the Registered Nurse Education Program application form? (Check only one.)

- ☐ Financial Aid Office ☐ Program Director/Instructor ☐ Foundation office  
☐ Foundation Web site ☐ Other Web site ☐ Work (employer/co-worker)  
☐ Friend/Acquaintance ☐ Other please specify \_\_\_\_\_

## PART F – APPLICATION CERTIFICATION

I certify that all information in this application is true and accurate to the best of my knowledge. I authorize the Health Professions Education Foundation to verify any information submitted as part of this application. I understand that falsification of information contained in this application will disqualify my application and that the Board of Registered Nursing will be notified.

I understand that if falsification is discovered after I have been awarded, I will be required to repay all funds awarded, plus interest and administrative fees.

I understand that once submitted my application and supporting documents become the rights of the Health Professions Education Foundation. I also understand that my personal statements become the property of the Foundation and may be used, including but not limited to, advertising/marketing, program reports, newsletters, and other publications.

Printed name (last name, first name, middle initial)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

SUBMIT APPLICATIONS TO:  
Health Professions Education Foundation  
Registered Nurse Education Program  
818 K Street, Suite 210  
Sacramento, CA 95814

Spring Postmark Deadline March 24, 2004  
Fall Postmark Deadline September 8, 2004

## SCHOLARSHIP CHECKLIST

- ☐ 1. One (1) official transcript related to your nursing education.  
☐ 2. Personal Statements.  
☐ 3. Two letters of recommendation.  
☐ 4. Graduation Date Verification Form.  
☐ 5. 2004-2005 Student Aid Report (SAR).  
or  
2003 Federal tax return and all W-2's.

## LOAN REPAYMENT CHECKLIST

- ☐ 1. One (1) official transcript with BSN degree posted.  
☐ 2. Personal Statements.  
☐ 3. Two letters of recommendation.  
☐ 4. Employment Verification Form.  
☐ 5. 2003 Federal Tax Return and all W-2's.  
☐ 6. Educational Debt Reporting Form and Lender Statements.



# GRADUATION DATE VERIFICATION FORM

(For Scholarship Applicants Only)

**\*Must be completed by the Program Director or the director's designee.**

The student named below is applying for a scholarship from the Health Professions Education Foundation. This form is required for the application to be considered complete. The form must be returned to the Foundation with an original signature.

Applicant's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Program Enrolled: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Year Entered: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_  
Month/Year Month/Year

Enrollment Status: ☐ F/T ☐ P/T # of units currently enrolled \_\_\_\_\_

Please comment on the student's performance and potential for academic success.

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This form was completed by:

Name (Please Print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Please check one:

☐ I certify that I am the Program Director.

☐ I certify that I am authorized to sign this document on behalf of the Program Director.

# EMPLOYMENT VERIFICATION FORM

(For Loan Repayment Applicants Only)

**ATTENTION! The completed form must bear an original ink signature. Photocopies and faxed copies of the completed form are not acceptable.**

FORM TO BE COMPLETED BY AN OFFICIAL IN THE PERSONNEL OR HUMAN RESOURCES DEPARTMENT

Employee's Name: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Position Title: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

Employment Status: ☐ F/T ☐ P/T Average weekly hours worked: \_\_\_\_\_

Employer: \_\_\_\_\_ Employee's Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

Additional Comments:

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This form was completed by:

Name (Please Print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number (    ) \_\_\_\_\_

# Additional Work History

Please list all paid and/or unpaid work experience you may have had. List most recent employer first. (maximum of 4 employers)

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Your Position/title: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

☐ Paid worker OR ☐ Non paid ☐ Full-time OR ☐ Part-time

Employment Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Employment End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Average hours worked (please choose only one): \_\_\_\_/day \_\_\_\_/week \_\_\_\_/month

Brief description of your job duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Your Position/title: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

☐ Paid worker OR ☐ Non paid ☐ Full-time OR ☐ Part-time

Employment Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Employment End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Average hours worked (please choose only one): \_\_\_\_/day \_\_\_\_/week \_\_\_\_/month

Brief description of your job duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Your Position/title: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

☐ Paid worker OR ☐ Non paid ☐ Full-time OR ☐ Part-time

Employment Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Employment End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Average hours worked (please choose only one): \_\_\_\_/day \_\_\_\_/week \_\_\_\_/month

Brief description of your job duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Your Position/title: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

☐ Paid worker OR ☐ Non paid ☐ Full-time OR ☐ Part-time

Employment Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Employment End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Average hours worked (please choose only one): \_\_\_\_/day \_\_\_\_/week \_\_\_\_/month

Brief description of your job duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Educational Debt Reporting Form

## (For Loan Repayment Applicants Only)

- List source and amounts of outstanding educational loans used to finance your education below.
- You must submit evidence of the educational debts listed below. (i.e. Current statements for referenced accounts.)

### Loan 1

School Attended: \_\_\_\_\_

Loan Period: \_\_\_\_\_

Loan Program: \_\_\_\_\_

Loan ID#: \_\_\_\_\_

Lending Institution: \_\_\_\_\_

Lender's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Outstanding Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

### Loan 2

School Attended: \_\_\_\_\_

Loan Period: \_\_\_\_\_

Loan Program: \_\_\_\_\_

Loan ID#: \_\_\_\_\_

Lending Institution: \_\_\_\_\_

Lender's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Outstanding Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

### Loan 3

School Attended: \_\_\_\_\_

Loan Period: \_\_\_\_\_

Loan Program: \_\_\_\_\_

Loan ID#: \_\_\_\_\_

Lending Institution: \_\_\_\_\_

Lender's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Outstanding Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

### Loan 4

School Attended: \_\_\_\_\_

Loan Period: \_\_\_\_\_

Loan Program: \_\_\_\_\_

Loan ID#: \_\_\_\_\_

Lending Institution: \_\_\_\_\_

Lender's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Outstanding Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

### Loan 5

School Attended: \_\_\_\_\_

Loan Period: \_\_\_\_\_

Loan Program: \_\_\_\_\_

Loan ID#: \_\_\_\_\_

Lending Institution: \_\_\_\_\_

Lender's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Outstanding Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

### Loan 6

School Attended: \_\_\_\_\_

Loan Period: \_\_\_\_\_

Loan Program: \_\_\_\_\_

Loan ID#: \_\_\_\_\_

Lending Institution: \_\_\_\_\_

Lender's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Outstanding Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_



HEALTH PROFESSIONS  
EDUCATION FOUNDATION  
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Sacramento, CA 95814